

# ***Joint Budget Committee Hearing***

December 9, 2014

Susan E. Birch, MBA, BSN, RN  
Executive Director



**COLORADO**

Department of Health Care  
Policy & Financing

# *From Coverage to Care*



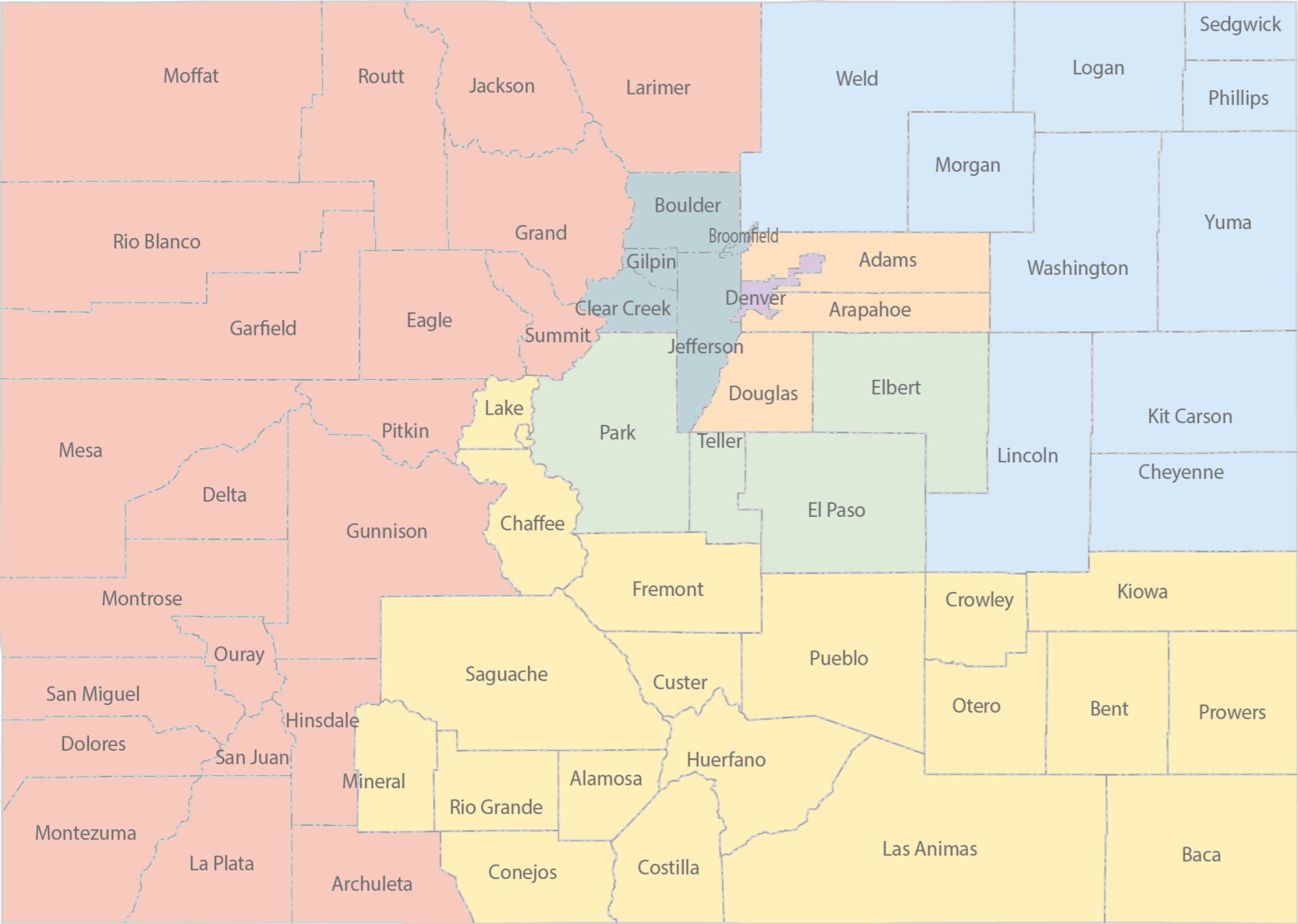
# *Accountable Care Collaborative*

Care Coordination (RCCOs)



Data & Analytics (SDAC)

# Seven RCCOs

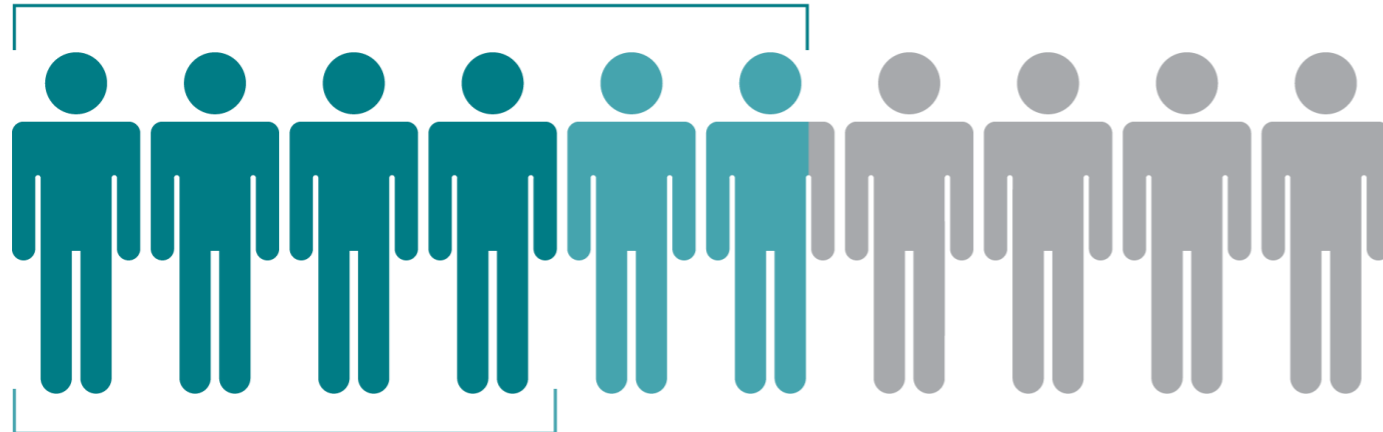


- REGION 1**  
Rocky Mountain Health Plans  
Payment Reform
- REGION 2**  
Colorado Access  
Practice Transformation
- REGION 3**  
Colorado Access  
Practice Transformation
- REGION 4**  
Integrated Community Health Partners  
Prescription Drug Overuse
- REGION 5**  
Colorado Access  
Practice Transformation
- REGION 6**  
Colorado Community Health Alliance  
Physical/Behavioral Health Integration
- REGION 7**  
Community Care of Central Colorado  
Emergency Services



# Improving Value

58% of Medicaid clients are members of the ACC



70% of those are connected to a medical home

MEDICAL EXPENSES SAVINGS



\$98–\$102  
MILLION

ADMINISTRATIVE COSTS\*



\$69  
MILLION

=

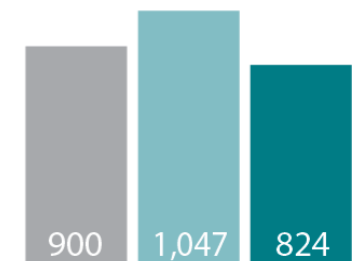
NET SAVINGS



\$29–\$33  
MILLION

*\*Includes payments to providers and incentives*

■ Not-Enrolled  
■ Enrolled <6 Months  
■ Enrolled >6 Months



# ***Response to Committee Questions***

Susan E. Birch, Executive Director

Judy Zerzan, Chief Medical Officer

Laurel Karabatsos, Acting Medicaid Director



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# ***Customer Service Request***

- **Transitioned from Microsoft Access to cloud-based system 10/2013**



- **Estimates**

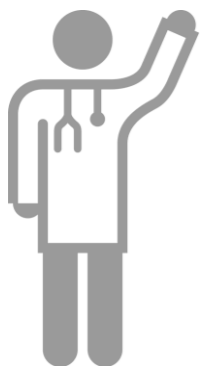
- 10 permanent agents/7 temporary agents
- 1.1 million clients
- Latest figures show 20,000 calls/week
- Call duration is between 7-9 minutes
- 40% abandon rate

# ***Autism Treatment***

## **Current Situation:**

- Kids get on the waiver too late
- Frequently end up getting a few months of services
- 320 kids on waitlist

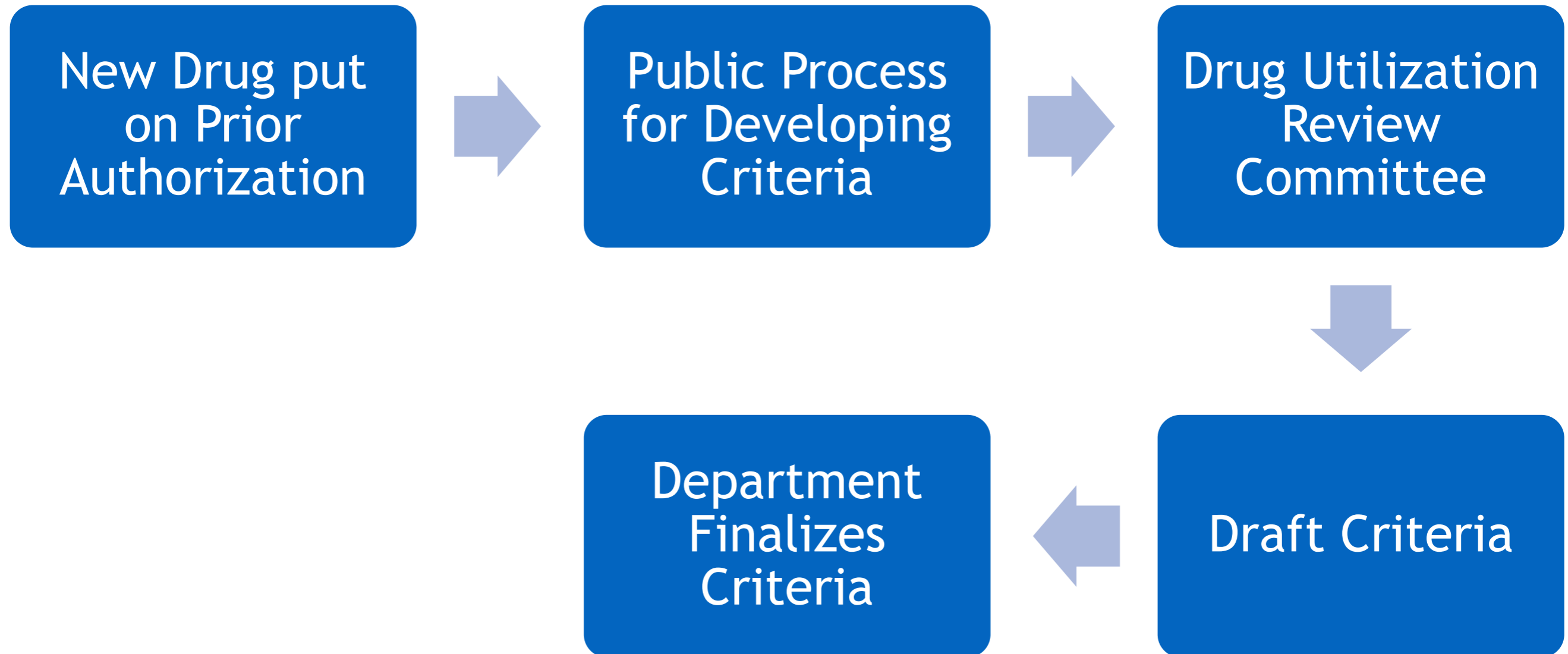
**Proposed Solution:** Support funding to eliminate the wait list and make changes to the waiver. Fastest way to get kids services.



# ***Accountable Care Collaborative***



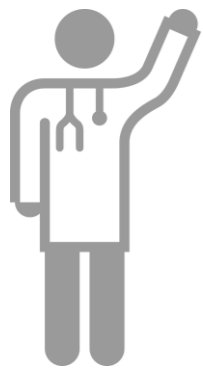
# *Pharmacy*



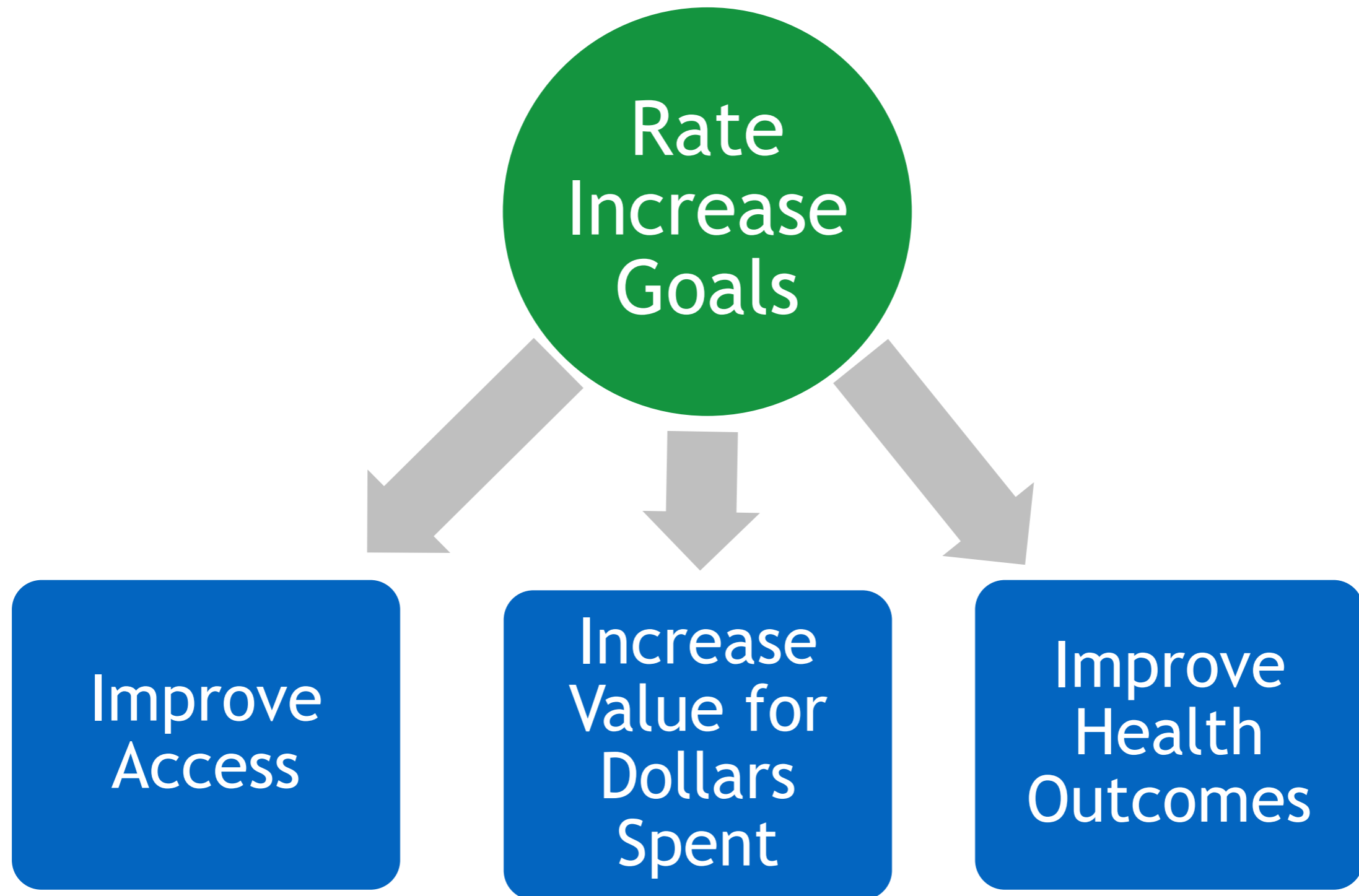
# ***Eligibility & Enrollment***

## **Proposed Solutions to Reduce Gaps in Coverage**

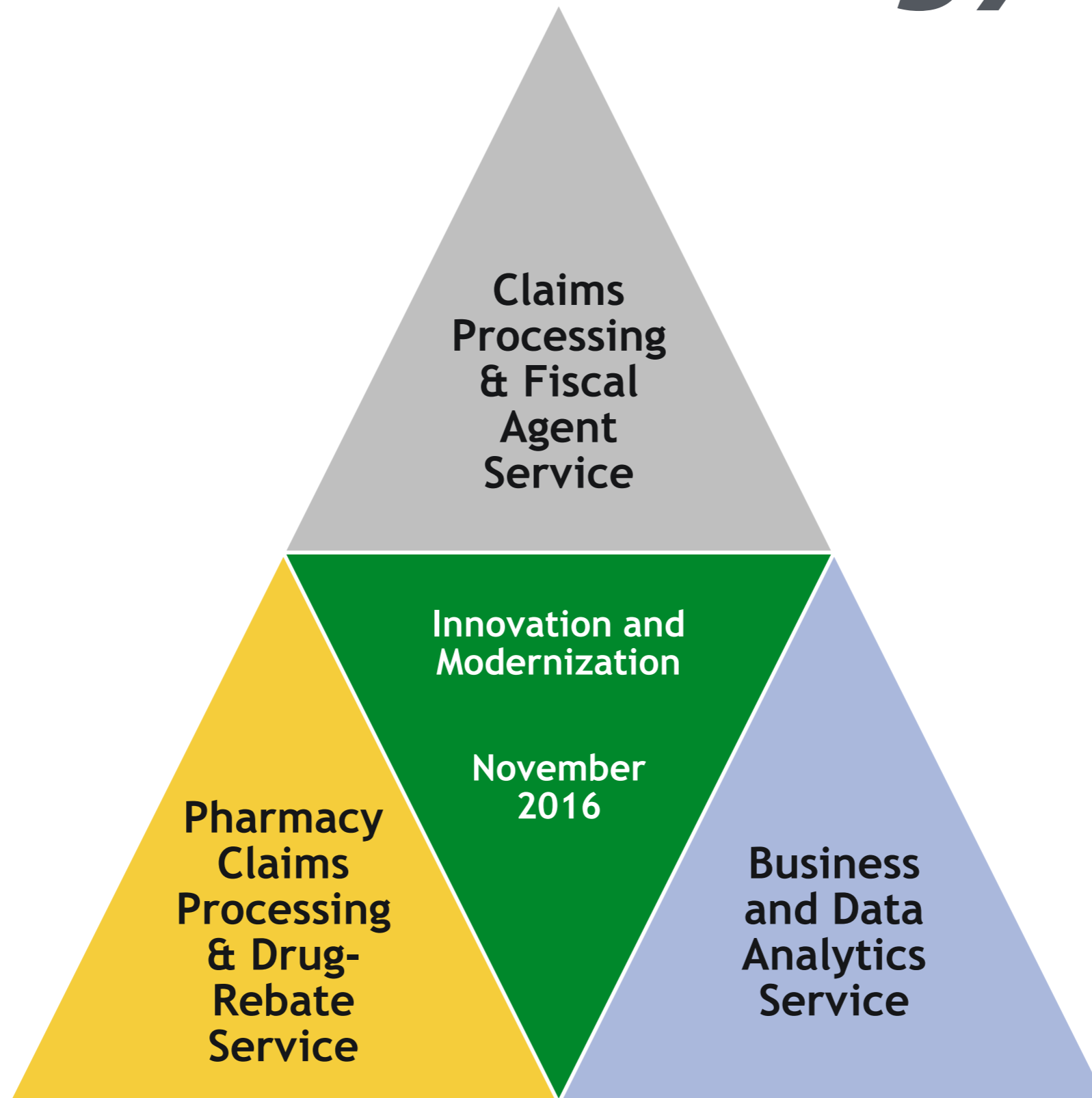
- Simplify enrollment by allowing a person's annual income be considered when they apply for Medicaid rather than monthly income
- Allow one month grace period for CHP+ enrollment fee payments



# ***Rates and Access***



# ***MMIS and Technology***



# ***Financing and Forecasting of HCPF Programs***

- We administer a budget of nearly \$8 billion each year
- \$4.6 billion provided through federal funds/matching
- Around \$100 million in payments made each week

# ***Comprehensive Primary Care Initiative***

- Effort organized by CMS
- 10 payers - Medicare, Medicaid and 8 private insurers
- 74 physician practices
- Each payer is providing additional payments



# *Thank You*

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